Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1100

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STATE MARYLAND
LENGTH OF STAY (in this place) 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oldtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Price (Last) Adams

4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 51 19

5. SEX M

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 3/16/1875

9. AGE last birthday 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Roller Mill

10b. KIND OF BUSINESS OR INDUSTRY Corn flake mill

11. BIRTHPLACE (State or foreign country) Springfield W Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Q Adams

14. MOTHER'S MAIDEN NAME Malinda Carder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs Earl Daugh. Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 x

Immediate cause (a) Uraemia — Interval between onset and death: 10 days

830

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) cerebral Haemorrhage Right 4 wks

(c) Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan-5, 19 51, to Feb. 4, 19 51, that I last saw the deceased alive on Feb. 3, 19 51, and that death occurred at 6:10 P m., from the causes and on the date stated above.

SIGNATURE Clark R Jones (Degree or title) MD ADDRESS Cumberland DATE SIGNED 2/5/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2/7/51 | NAME OF CEMETERY OR CREMATORY Fort Ashby Cemetery | LOCATION (City, town, or county) Fort Ashby (State) W Va.

DATE REC'D BY LOCAL REG. Feb. 6, 1951 | REGISTRAR'S SIGNATURE Walter L. Hantz, M.D. | 24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland Md

690336

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1101

Reg. Dist. No. 8

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
LENGTH OF STAY (in this place): 89 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
STREET ADDRESS (If rural, give location): Allegany Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret		Atkinson	February	1	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
~~Female~~ Female	White	Widowed	Mar 25, 1861	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Muir	Mary Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Thomas Holmes Lonaconing, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
443x Immediate cause (a) Congestive Heart Failure	
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic Cardio-Vascular	
(c) Disease & mild hypertension	6 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ ~~Not While~~ At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1950., to 2/1 ....., 1951., that I last saw the deceased alive on 2/1 ....., 1951., and that death occurred at 10:20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul Eugene Frye	M.D	Lonaconing Md	2/2/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 4, 1951	Hillcrest Burial Park	Cumberland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 2 1951	Jeanette M Boal	M. Eichhorn	Lonaconing, Md.


FEB 5 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1102

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; MARYLAND; LENGTH OF STAY (in this place): 14 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; STREET ADDRESS (If rural, give location): 249 N. Mechanic St.

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) Louis (Last) Bagatti

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 7-1943

9. AGE last birthday: 7 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Bagatti

14. MOTHER'S MAIDEN NAME: Sue Belfoure

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Louis Bagatti Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pyonephrosis due to — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) congenital abnormalities of the urethra

(c) with partial obstruction also ureters.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H. V. Deming M.D.	Cumberland, Md.	Feb. 26-1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 1, 1951	St. Mary's Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 28, 1951	Walter R. Bantz, M.D.	Charles L. George	Cumb. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1193

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: Allegany
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 7 Mrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 8 Massachusetts Ave.

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) J. (Last) Bealky

4. DATE OF DEATH: (Month) 2/28/51 (Day) (Year) 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/25/1868

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Business Man

10b. KIND OF BUSINESS OR INDUSTRY: Filling Station and Real Estate

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Bealky

14. MOTHER'S MAIDEN NAME: Mary Cohen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Sadie Bealky 8 Massachusetts Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uraemia	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrombus Left Iliac Artery	6 days
	(c) Arteriosclerosis	5 yrs

450.0
99

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 19 51, to Feb. 28, 19 51, that I last saw the deceased alive on Feb. 27, 19 51, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: Clark L. Jarrett (Degree or title): M. D. ADDRESS: Cumberland DATE SIGNED: 2/28/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: 3/2/51
NAME OF CEMETERY OR CREMATORY: St Peter & Paul Cem.
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: March 1, 1951
REGISTRAR'S SIGNATURE: Walter L. Mantz, M.D.

24. FUNERAL DIRECTOR: James P. Scarpelli ADDRESS: Cumberland, Md

290 668

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1194

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McCoole
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gen. Del. Keyser, W. Va.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McCoole
STREET ADDRESS (If rural, give location) Gen. Del. Keyser, W. Va.

3. NAME OF DECEASED (Type or Print): (First) David (Middle) John (Last) Biederman

4. DATE OF DEATH: (Month) Feb. (Day) 5 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-30-1866

9. AGE last birthday: 84 yrs. — If under 1 year: Months. 4 Days. 8 — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hostler

10b. KIND OF BUSINESS OR INDUSTRY: B.&O.R.R.Co.

11. BIRTHPLACE (State or foreign country): Tyrone, Penna.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME: Mary Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-12-9116

17. INFORMANT AND ADDRESS: Maude Schimminger, McCoole, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure — Interval between onset and death: 1 day.

Antecedent cause(s) 450.0

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 97 (b) Senility; arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

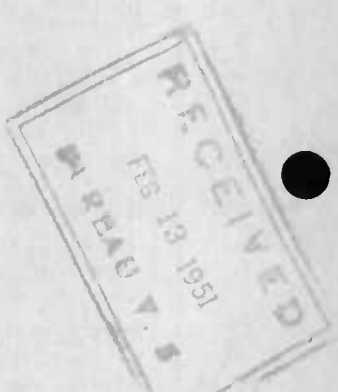
22. I hereby certify that I attended the deceased from Feb 5, 1951, to Feb 5, 1951, that I last saw the deceased alive on Feb 5, 1951, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R Felton MD — ADDRESS Keyser — DATE SIGNED 2-8-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2-8-51 | NAME OF CEMETERY OR CREMATORY: Queens Point | LOCATION (City, town, or county): Keyser (State): W. Va.

DATE REC'D BY LOCAL REG. 2-9-51 | REGISTRAR'S SIGNATURE: Mrs. Jos C. Kelly | 24. FUNERAL DIRECTOR: Rogers Funeral Home | ADDRESS: Keyser W.Va.

670506


RECEIVED
FEB 13 1951
BUREAU OF

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

1195

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; MARYLAND; LENGTH OF STAY (in this place): 16 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 308.1/2 Howard Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; STREET ADDRESS (If rural, give location): 308.1/2 Howard Place

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) (Last) Brady

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1951

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan.25-1903

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Lynchburg Va.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Pondexter

14. MOTHER'S MAIDEN NAME: Alice Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Reed Brady(husband) Cumberlabd Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure due to	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pernicious anemia	?
	(c) Gastro-enteritis	6 months

290.0

120a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H.V.Deming M.D.		Cumberland,Md.	Feb.5-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb.7,1951	Woodlawn Cemetery	Cumberland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 7, 1951	Wirter K. Frantz, M.D.	John J. Hafer,	Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1106

CERTIFICATE OF DEATH

Reg. Dist. No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barton
LENGTH OF STAY (in this place): 24 ds
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barton, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) Frances (Last) Broadwater

4. DATE OF DEATH: (Month) Feb (Day) 22 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 28, 1951

9. AGE last birthday: yrs. — If under 1 year: Months — Days: 24 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel C. Broadwater

14. MOTHER'S MAIDEN NAME: Thelma Bystanick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: Samuel C. Broadwater, Barton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Influenza — 2 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

421X
338

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 21, 1951, to Feb 22, 1951, that I last saw the deceased alive on 2/22/51, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): P.E. Berry — ADDRESS: Piedmont W.Va. — DATE SIGNED: 2/22/51.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/23/51 — NAME OF CEMETERY OR CREMATORY: Laurel Hill — LOCATION (City, town, or county) (State): Moscow, Md.

DATE REC'D BY LOCAL REG.: Feb 23, 1951 — REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly

24. FUNERAL DIRECTOR — ADDRESS: Ellsworth S. Boal, Westernport, Md.

20905031364

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1117

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 713 Virginia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 713 Virginia Ave.

3. NAME OF DECEASED (Type or Print): (First) Alla (Middle) (Last) Brotemarkle

4. DATE OF DEATH: (Month) Feb (Day) 4 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 18, 1868

9. AGE last birthday: 82 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse Wilson

14. MOTHER'S MAIDEN NAME: Sarah Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Wade Brotemarkle, 109 Springdale St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial pneumonia — Interval between onset and death: few days

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
97 (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to Feb. 4, 1951, that I last saw the deceased alive on Feb. 4, 1951, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

SIGNATURE: B. M. Schindler — (Degree or title) MD — ADDRESS: 41 Lenore St Cumberland Md — DATE SIGNED: 2/6/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Feb. 7 1951
NAME OF CEMETERY OR CREMATORY: Rose Hill Mausoleum
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Feb. 7, 1951
REGISTRAR'S SIGNATURE: Wirt R. Tanty, M.D.
24. FUNERAL DIRECTOR ADDRESS: John J. Hafer, Cumberland, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1198

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 18 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): ~~Infirmary Street~~ 140 Polk Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ellen (Last) Casey
4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 10-6-67
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: John Coleman
14. MOTHER'S MAIDEN NAME: Rebecca Zimmerman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Allegany County Infirmary

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490x **Immediate cause** (a) Lobar Pneumonia — 2 Days

108 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Debility — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

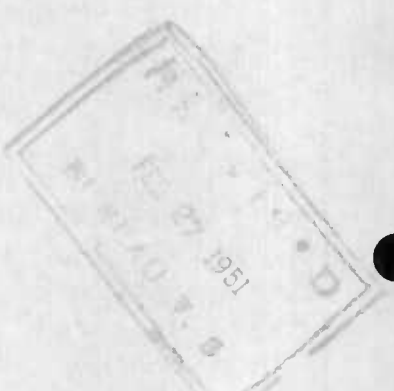
22. I hereby certify that I attended the deceased from Jan. 20, 1951, to Feb. 16, 1951, that I last saw the deceased alive on Feb. 16, 1951, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Arthur E. Jones | M. D. | 110 S. Centre St. | 2-17-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Feb. 19, 1951 | NAME OF CEMETERY OR CREMATORY: St Thomas Cem. | LOCATION (City, town, or county) (State): Thomas W. Va.

DATE REC'D BY LOCAL REG.: Feb. 18, 1951 | REGISTRAR'S SIGNATURE: Wynter K. Frantz, M.D. | 24. FUNERAL DIRECTOR: Davis Funl Inc. | ADDRESS: Cumb. Md.



White Copy to Local Reg.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (In this place): 3 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Route 2,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital	STREET ADDRESS (If rural, give location): Frostburg, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EARL	CHARLES	CATON	Feb.	28,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	12-11-1899	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk - owner	Grocery store	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Caton	Laura Garlitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	217-14-4958	Mrs. Earl Caton, Rt. 2, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	1 day
Antecedent cause(s)	(b) Coronary Artery Disease	5 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis	Years

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb 4 5 to Feb 8 54, that I last saw the deceased alive on Feb 8 54, and that death occurred at 4:30 m., from the causes and on the date stated above.

SIGNATURE: A. Rees M.D. (Degree or title) — ADDRESS: 40 Decatur — DATE SIGNED: 3/3/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-3-51	Johnson's Cemetery	Garrett County,	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 7, 1951	Minnie R. Lantz, M.D.	J. R. Durst,	Frostburg, Md.

VS. A15

290 636

Within corporate limits — Dist. HODGES

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1110

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.; LENGTH OF STAY (in this place) 11½ HOURS; HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA; COUNTY GRANT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PETERSBURG; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) CRITES - Twin #1

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: FEB. 12, 1951

9. AGE last birthday: If under 1 year — Months; Days; If under 24 hrs. — Hours 11; Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS CRITES

14. MOTHER'S MAIDEN NAME: BEULAH M. OURS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature Twin — Interval Between Onset and Death: 11 ½ hrs.

776x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ?

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1951, to Feb 12 51, that I last saw the deceased alive on Feb 12, 1951, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Roy Hodges, M.D. ADDRESS Cumberland, Md. DATE SIGNED 2/12/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb. 13 1951 — NAME OF CEMETERY OR CREMATORY: Maple Hill Cemetery — LOCATION (City, town, or county) (State): Petersburg, West Virginia

DATE REC'D BY LOCAL REG.: Feb. 12, 1951 — REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D. — 24. FUNERAL DIRECTOR: P. E. Krush & Son, Petersburg, " — ADDRESS: "

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FEB 20 1951
BUREAU OF

DR. HODGES

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1111

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND | LENGTH OF STAY (in this place) 19 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.VA. COUNTY GRANT CO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PETERSBURG, W.VA.
STREET ADDRESS (If rural, give location) [redacted] AVE. ✓

3. NAME OF DECEASED (Type or Print): (First) BABY GIRL (Middle) CRITES (Last) Twin #2

4. DATE OF DEATH: (Month) FEB. (Day) 12. (Year) 1951

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE | 8. DATE OF BIRTH: FEB. 12. 1951 | 9. AGE last birthday: yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours 19, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: Infant | 11. BIRTHPLACE (State or foreign country): MARYLAND, Cumberland | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: CRITES, THOMAS | 14. MOTHER'S MAIDEN NAME: OURS, BEULAH M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature Twin — 19 hrs.

776x

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

159

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12-51, to 2-12-51, that I last saw the deceased alive on 2-12-51, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE W. Coyce Hodges (Degree or title) ADDRESS Cumberland, Md. DATE SIGNED 2/13/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/13/51	Maple Hill Cem.	Petersburg W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 13, 1951	Verner K. Dantz, M.D.	Eagle Funeral Home for P. C. Shrum and Son	Petersburg W. Va.

VS. A15

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RECEIVED
FEB 20 1951
BUREAU V.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1112

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 314 Columbia St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 314 Columbia St. Cumberland Md.

3. NAME OF DECEASED (Type or Print): (First) Brian (Middle) M. (Last) Cullen

4. DATE OF DEATH: (Month) 2 (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct 9 1902

9. AGE last birthday: 48 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Timothy Cullen

14. MOTHER'S MAIDEN NAME: Bridget Donahue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war, or dates of service): World War I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Genevieve Cullen 314 Columbia St Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: April 1950

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 11 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to Feb 26, 1951, that I last saw the deceased alive on Feb 25, 1951, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W O McClane MD Frostburg Md 2-26-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-28-1951 — NAME OF CEMETERY OR CREMATORY: St. Michaels Cem — LOCATION (City, town, or county): Frostburg — (State): Md.

DATE REC'D BY LOCAL REG.: Feb. 27, 1951 — REGISTRAR'S SIGNATURE: Wintes R. Hank, M.D.

24. FUNERAL DIRECTOR: Jacob Hafer — ADDRESS: Frostburg, Md.

65 9 6

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

1113

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Williams Road, Rt. # 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Cumberland
STREET ADDRESS (If rural, give location): Williams Road, Rt. # 2

3. NAME OF DECEASED (Type or Print): (First) Belinda (Middle) A. (Last) Dolly

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 5, 1893

9. AGE last birthday: 57 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): near Petersburg, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Nelson

14. MOTHER'S MAIDEN NAME: Mary Jane Shreve

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Irad Dolly, Williams Rd., Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	2 yrs
	(c) Diabetes Mellitus	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 23, 1951, to Feb 28, 1951, that I last saw the deceased alive on Feb 23, 1951, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE: R. W. Pruski Sr (Degree or title) ADDRESS: Cumberland Md DATE SIGNED: 3/7/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: March 2, 1951
NAME OF CEMETERY OR CREMATORY: Glendale Brethren Cemetery
LOCATION (City, town, or county) (State): Flintstone Md

DATE REC'D BY LOCAL REG.: March 2, 1951
REGISTRAR'S SIGNATURE: Wade H. Hardy, M.D.
24. FUNERAL DIRECTOR ADDRESS: John J. Hafer, Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

1114

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; MARYLAND; LENGTH OF STAY (in this place) 38 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) E; (Last) Donald

4. DATE OF DEATH: (Month) February; (Day) 24; (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widdowed

8. DATE OF BIRTH: June 16, 1890

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Arnold Dawson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Millard Bradley Lonaconing, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Malignancy of Chest —	4-6 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bruning: Post. thyroid tumor	Years.
	(c)	

194x
55c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to 2/24, 1951, that I last saw the deceased alive on 2/24, 1951, and that death occurred at 2.30 p.m., from the causes and on the date stated above.

SIGNATURE: Paul Eugene Frye, (Degree or title) MD. ADDRESS: Lonaconing Md DATE SIGNED: 2/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Feb 27, 1951; NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery; LOCATION (City, town, or county): Moscow; (State): Md

DATE REC'D BY LOCAL REG.: Feb 27-1951; REGISTRAR'S SIGNATURE: Jeanette M Goal

24. FUNERAL DIRECTOR: M. Eichhorn; ADDRESS: Lonaconing, Md.

Within corporate limits

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1115

CERTIFICATE OF DEATH

FILM No. G 131 MAR 5 1951

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; MARYLAND; LENGTH OF STAY (in this place): 16 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 230 Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; STREET ADDRESS (If rural, give location): 230 Baltimore Avenue

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Margaret (Last) Durst

4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 6 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dietitian

10b. KIND OF BUSINESS OR INDUSTRY: College Dining Room

11. BIRTHPLACE (State or foreign country): Oakland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles H. Sincell

14. MOTHER'S MAIDEN NAME: Leah Frances Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John O. Durst - 230 Balto Ave., Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171 x

Immediate cause (a) Carcinoma of the Cervix. (3/5/51 - ams) — Interval between onset and death: 10 50

48a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1951, to 2/20, 1951, that I last saw the deceased alive on 2/17, 1951, and that death occurred at 5:47 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George M Brown M.D. 128 Union St Cumberland Md 2/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 23, 1951

NAME OF CEMETERY OR CREMATORY: Oakland Cemetery

LOCATION (City, town, or county) (State): Oakland, Maryland

DATE REC'D BY LOCAL REG.: Feb. 23, 1951

REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: John J. Hafer., Cumberland, Md

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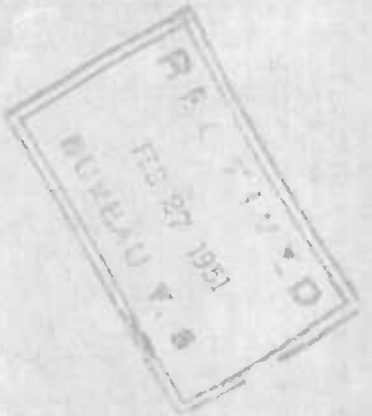
RECEIVED
FEB 27 1951
BUREAU OF

Dr. Van Ormer

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1116

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
MARYLAND
LENGTH OF STAY (in this place): 51 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: WEST VIRGINIA
COUNTY: Grant
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PETERSBURG
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) (Last) EVANS

4. DATE OF DEATH: (Month) FEB. (Day) 4 (Year) 51

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: OCT. 28, 1877

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN EVANS

14. MOTHER'S MAIDEN NAME: JANE KEPLINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 Immediate cause (a) Hepatitis, Chronic with hepatic insufficiency — Interval Between Onset and Death: 4 months

124.6 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Advanced generalized arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Dec., 1950, to 4 Feb., 1951, that I last saw the deceased alive on 4 Feb., 1951, and that death occurred at 7:02 P.m., from the causes and on the date stated above.

SIGNATURE: W. Alfred Van Ormer (Degree or title) ADDRESS: 531 Fo. Co. Cumberland, Md. DATE SIGNED: 4 Feb. 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2/6/51
NAME OF CEMETERY OR CREMATORY: McDonald Cem.
LOCATION (City, town, or county) (State): Maysville W.Va. Grant

DATE REC'D BY LOCAL REG.: Feb. 6, 1951
REGISTRAR'S SIGNATURE: Virtes L. Kantz, M.D.

24. FUNERAL DIRECTOR: P. E. Thrush & Son
ADDRESS: 2011 Petersburg, West Virginia


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BUREAU V. S.

Within corporate limits

W.F.WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1117

Reg. Dist. No. 7

1. PLACE OF DEATH
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MARYLAND
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MARYLAND.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE PENNSYLVANIA COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MEYERSDALE
STREET ADDRESS (If rural, give location) 220½ CENTRE ST.,

3. NAME OF DECEASED (Type or Print): (First) SUDIE (Middle) I. (Last) FINEGAN

4. DATE OF DEATH: (Month) FEB. (Day) 15 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 9/19/1906

9. AGE last birthday: 44 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): PENNA, Meyersdale

12. CITIZEN OF WHAT COUNTRY: USA.

13. FATHER'S NAME: GUS DAMICO

14. MOTHER'S MAIDEN NAME: NOT KNOWN Rose Cutrara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

572.2 **Immediate cause** (a) Ulcerative Colitis — Interval between onset and death: 7

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

180a (b) — Interval between onset and death: /

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12-, 1951, to 2-15-, 1951, that I last saw the deceased alive on 2-15-, 1951, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE W. F. Williams (Degree or title) M.D. ADDRESS Cumberland, Md DATE SIGNED 2-16-51

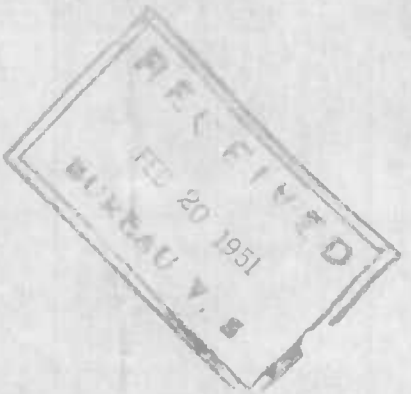
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 19, 1951	Mt. Phillip and Lanes Cem	Meyersdale, Pennsylvania

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb. 15, 1951	Wintes L. Krantz, M.D.	D. C. Price, Meyersdale, Penna.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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Within corporate limits of CUMBERLAND

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1118

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (In this place) 71 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA — COUNTY MORGAN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PAW PAW
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BERNARD	C	GROSS	FEB.	22	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	WHITE	MARRIED	JAN. 9 1885	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Keystone Glue Co.
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ALEXANDER GROSS
14. MOTHER'S MAIDEN NAME: NETTIE ZILER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 232-10-4838
17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

150x Immediate cause (a) Carcinoma of esophagus and cardiac end of stomach — 1 yr.

46.6 Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Appendiceal abscess. — 2 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2-12-51	Carcinoma esophagus & stomach	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

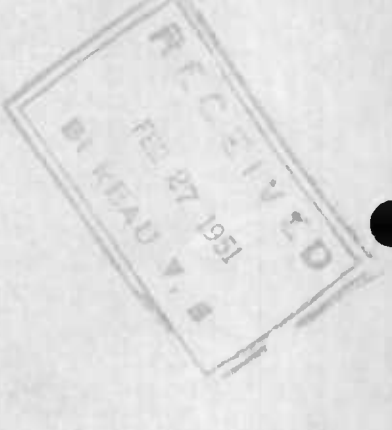
22. I hereby certify that I attended the deceased from 12-13, 1950, to 2-22, 1951, that I last saw the deceased alive on 2-22, 1951, and that death occurred at 9:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): D. G. Grove M.D. — ADDRESS: Cumberland — DATE SIGNED: 2-23-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/25/51	Camp Hill	Paw Paw W.Va.

DATE REC'D BY LOCAL REG.: Feb. 23, 1951
REGISTRAR'S SIGNATURE: Wintes L. Bantz M.D.
24. FUNERAL DIRECTOR: W. D. Parks — ADDRESS: Berkeley Springs W.Va.

970-469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FEB 27 1951
BI KEAU V. S

Within corporate limits

1119

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corriganville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Andrew		Hamburg	FEB	8	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	April 26 1881	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Kelly Springfield Tire Co.	Austria	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	214-07-0192	Mrs Stella Hamburg Corriganville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	V Short
94a Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	5 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

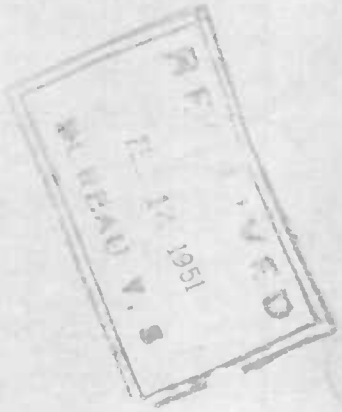
22. I hereby certify that I attended the deceased from Feb. 7, 19 51, to Feb. 7, 19 51, that I last saw the deceased alive on Feb. 1, 19 51, and that death occurred at 7:30A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clay E. Durrett	M.D.	Cumberland	2/9/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 10 1951	St Peter & Paul Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 9, 1951	Winter L. Wantz, M.D.	William H. Kight, Cumberland, Md.	

970-478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1951

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

1120

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 423 Columbia St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	C	Heier	Feb	9	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	12-11-1892	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer in Tin Mill (retired)	Tin Plate Mill	Maryland	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H Heier	Elizabeth Bitzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.		Mrs. Margaret Crabtree (Sister) Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Acute Coronary Occlusion	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

610x
137a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2/6/51	Hypertrophied prostate	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 22, 1951, to Feb ....., 1951, that I last saw the deceased alive on Feb 9, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

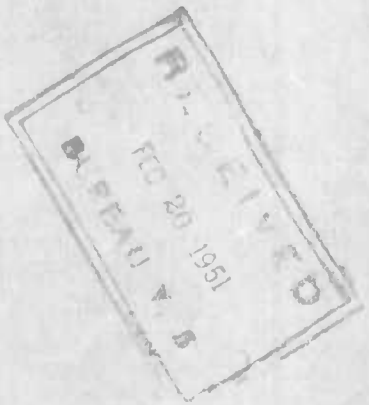
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R. W. Swaskis Jr.	Cumberland	Maryland

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-12-51	St Lukes Cemetery	Cumberland Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 12, 1951	Walter K. Kantz, M.D.	Louis Stunis, Inc	Cumberland, Md.

VS. A15

470326


RECEIVED
FEB 20 1951
BUREAU OF

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1121

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 48 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 918 Maryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 918 Maryland Ave

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) B. (Last) Hudson

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write word): Married

8. DATE OF BIRTH: Nov. 10 1873

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Railway

11. BIRTHPLACE (State or foreign country): Leeds W. Va.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Robert Hudson

14. MOTHER'S MAIDEN NAME: Caroline Borr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Gola Hudson, Cumb'd Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Vascular Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

443X
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9. 5., 1950 to 2. 1., 1951, that I last saw the deceased alive on 1. 29., 1951, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

SIGNATURE: M. L. Williams (Degree or title) M.D. ADDRESS: Cumberland DATE SIGNED: 2.3.51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 4, 51 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cem. — LOCATION (City, town, or county): Cumberland (State): Md

DATE REC'D BY LOCAL REG.: Feb. 4, 1951 — REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR: Louis Stein Inc ADDRESS: Cumberland

203506

DR. W. F. WILLIAMS

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1122

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNSYLVANIA COUNTY BEDFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEDFORD
STREET ADDRESS (If rural, give location) PRESTON STREET

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) C. (Last) IMLER

4. DATE OF DEATH: (Month) FEBRUARY (Day) 4 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 11/30/1914

9. AGE last birthday: 36 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CABIN SERVICE

10b. KIND OF BUSINESS OR INDUSTRY: DAIRY RIECK McJUNKINS

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID I. IMLER

14. MOTHER'S MAIDEN NAME: MYRTLE B. WERTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL-CUMBERLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

420.1 940a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arteriosclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aortic Colon

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1951, to Feb. 4, 1951, that I last saw the deceased alive on Feb. 3, 1951, and that death occurred at 12:20A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. F. Williams MD Cumberland 2-4-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2-6-1951

NAME OF CEMETERY OR CREMATORY: Bedford Cemetery

LOCATION (City, town, or county) (State): Bedford, Penna.

DATE REC'D BY LOCAL REG.: Feb. 4, 1951

REGISTRAR'S SIGNATURE: Wirter R. Kantz, M.D.

24. FUNERAL DIRECTOR: Louis Geisel ADDRESS: Bedford, Penna.

820.105

Please send me pamphlets

Rieck-McJunkin Dairy Co.
462 Wilkins
Cincinnati 25

Within corporate limits — Dr. Reese

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1123

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 316 Avirett Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 316 Avirett Ave.

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) Loretta (Last) Jackson

4. DATE OF DEATH: (Month) Feb. (Day) 22, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-27-1886

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office worker

10b. KIND OF BUSINESS OR INDUSTRY: War Dept.

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Jackson

14. MOTHER'S MAIDEN NAME: Sarah Cavanaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-10-6516

17. INFORMANT AND ADDRESS: Miss. Julia Jackson Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Metastases — 6yrs 2mos

153x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Carcinoma Sigmoid — 1yr

462 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 21, 1951 to Feb 22, 1951, that I last saw the deceased alive on Feb 22, 1951, and that death occurred at 5 P m. from the causes and on the date stated above.

SIGNATURE: Steven J Reese Jr — (Degree or title) MD — ADDRESS: 40 E Oldtown Rd Cumberland Md — DATE SIGNED: 2/24/51

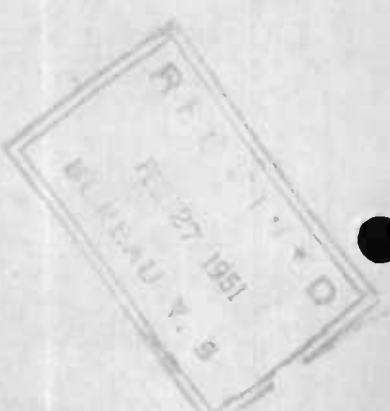
23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2-24-1951 — NAME OF CEMETERY OR CREMATORY: St. Michaels Cem. — LOCATION (City, town, or county) Frostburg, Md. (State)

DATE REC'D BY LOCAL REG.: Feb. 24, 1951 — REGISTRAR'S SIGNATURE: Hunter R. Frantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

390916

VS. A15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R 27 1951
BUREAU

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

1124

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 67 Prospect Square

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 67 Prospect Square

3. NAME OF DECEASED (Type or Print): (First) Ettie (Middle) S. (Last) Johnson

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Sept. 18-1871

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Shepardstown, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob H. Harmon

14. MOTHER'S MAIDEN NAME: Anna R. Kidwilar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Son) Howard A. Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
442 x Immediate cause	(a) Acute cardiac failure due to	at once
1310 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease	about 5 yrs.
	(c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

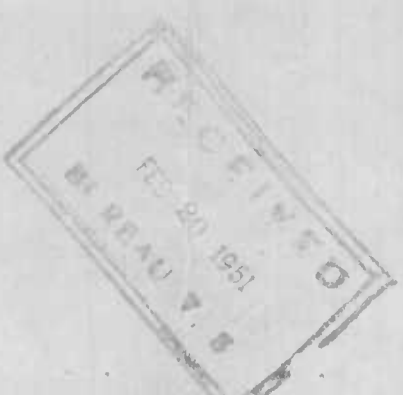
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D.	H.V. Deming M.D.	Cumberland, Md.	Feb. 15-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-19-1951	Green Hill Cem.	Martinsburg, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 17, 1951	Winter R. Frantz M.D.	Charles L. George	Cumberland, Md.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FEB 20 1951
BUREAU

Within corporate limits

Keifer

1125

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hosprtal

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Cumberland, Rural
STREET ADDRESS (If rural, give location) R.F.D. 5

3. NAME OF DECEASED (Type or Print): (First) Claude (Middle) W. (Last) Keifer
4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Dec. 18. 1913	37 yrs.	2	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Queen City Brewing Co
11. BIRTHPLACE (State or foreign country): Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Keifer
14. MOTHER'S MAIDEN NAME: Rhoda Hite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War 2
16. SOCIAL SECURITY NO.: 214-05-4948
17. INFORMANT AND ADDRESS: Erma Keifer. R.D.5. Comberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4200 Immediate cause	(a) Myocardial Failure	Instantly
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Infarction, acute	4 days
	(c) Coronary artery Occlusion	4 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic Heart Disease	Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1951, to Feb 22, 1951, that I last saw the deceased alive on Feb 22, 1951, and that death occurred at 7 00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Harold G. Wiseman M.D.	54 Greene St Cumberland	2/24/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 26 1951	S.S. Peter & Paul Cemetery	Cumberland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 25, 1951	Wintes K. Beantz, M.D.	Louis Stein, Inc.	Cumberland, Md.

593418

Within corporate limits

M

Dr. Van Demark

1126

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 727 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Agnes (Last) Kelly

4. DATE OF DEATH (Month) (Day) (Year): Feb. 10, 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-23-1883

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Christopher Kelly

14. MOTHER'S MAIDEN NAME: Julia Ann Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mr. John R. Kelly Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronic Failure — 6 month

410 x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Valvular Heart Disease, Chronic, mitral, rheumatic — 30 years?

92 b

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 m., 1947, to 10 Feb, 1951, that I last saw the deceased alive on 9 Feb., 1951, and that death occurred at 7 10 A.M. m., from the causes and on the date stated above.

SIGNATURE: W. Alfred Van Demark — (Degree or title) — ADDRESS: Cumberland, Md. — DATE SIGNED: 11 Feb 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-12-1951 — NAME OF CEMETERY OR CREMATORY: S.S. Peter & Paul — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Feb. 14, 1951 — REGISTRAR'S SIGNATURE: Walter L. Stanley, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Charles L. George Cumberland, Md.

VS. A15

Within corporate limits DR. HODGES

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1127

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.; LENGTH OF STAY (in this place) 127 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CUMBERLAND, MD. COUNTY ALLEGANY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND; STREET ADDRESS (If rural, give location) 425 PENNSYLVANIA AVENUE

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) [illegible] (Last) KERNS

4. DATE OF DEATH (Month) FEBRUARY (Day) 28 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: DECEMBER 4 1900

9. AGE last birthday: 50 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HWFE.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JAMES BOONE

14. MOTHER'S MAIDEN NAME: GENNIE SPIKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypernephroma – left. — Interval between onset and death: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis to left ilium & femur — ?

(c)

180x

52a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE W R Hodges (Degree or title) ADDRESS Cumberland, Md. DATE SIGNED 3/1/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-3-1951 — NAME OF CEMETERY OR CREMATORY Philos Cem. — LOCATION (City, town, or county) (State) Westernport, Md.

DATE REC'D BY LOCAL REG. March 2, 1951 — REGISTRAR'S SIGNATURE Walter R. Dantz, M.D.

24. FUNERAL DIRECTOR Charles L. George — ADDRESS Cumberland, Md.

Within corporate limits

1128

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

Dr Swinson 1454

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 206 Park Street

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) (Last) LeMay

4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 195

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept 29 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic worker

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. E. C. Landis, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4500 **Immediate cause** (a) Arteriosclerosis generalized

97 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1951, to 2/20, 1951, that I last saw the deceased alive on 2/20, 1951, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George M Symons M.D. 12 Vocust St. Cumberland Md 2/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 23, 1951 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Feb. 22, 1951 | REGISTRAR'S SIGNATURE: Winter R. Davis, M.D.

24. FUNERAL DIRECTOR ADDRESS: William H. Kight, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Within corporate limits

Durrett

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

113

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1019 Gay St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 1019 Gay St.

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) (Last) Lilly

4. DATE OF DEATH: (Month) Feb (Day) 10 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: May 15, 1890

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Asheboro, N.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Davis

14. MOTHER'S MAIDEN NAME: Victoria Steed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Henry L. Davis, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — Interval Between Onset and Death: 1 hr

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 5 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

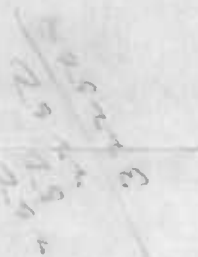
22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Feb 10, 1951, that I last saw the deceased alive on Feb. 9, 1951, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

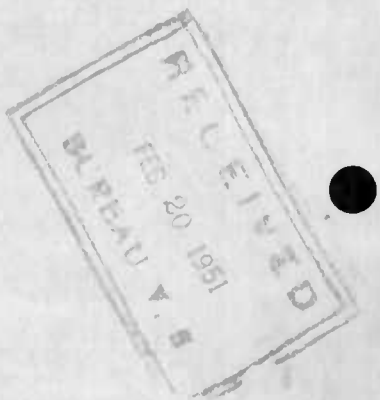
SIGNATURE: Chas. Lewis (Degree or title) MD — ADDRESS: Cumberland — DATE SIGNED: 2/13/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/13/51 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. — LOCATION (City, town, or county) (State): Cumberland, Md

DATE REC'D BY LOCAL REG.: Feb. 13, 1951 — REGISTRAR'S SIGNATURE: Winters R. Frantz, M.D. — 24. FUNERAL DIRECTOR: John J. Hafer — ADDRESS: Cumberland, Md

Dr. Dorset.





Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

1130

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1028 Bedford St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 1028 Bedford St.

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) Ernestine (Last) Merrbaugh

4. DATE OF DEATH: (Month) February (Day) 24 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 30, 1887

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Cyrus Bowman

14. MOTHER'S MAIDEN NAME: Mary Yates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Abe Schwab, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

171x Immediate cause (a) Coronary Occl. — 5 yrs

48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1950, to 2/24, 1951, that I last saw the deceased alive on 2/24, 1951, and that death occurred at ____ m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George M Jamison M.D. Cumberland Md 2/26/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/27/51 — NAME OF CEMETERY OR CREMATORY: Rose Hill — LOCATION (City, town, or county) (State): Cumberland Maryland

DATE REC'D BY LOCAL REG.: Feb. 27, 1951 — REGISTRAR'S SIGNATURE: Wilbur K. Hantz M.D.

24. FUNERAL DIRECTOR: Louis Stein Inc — ADDRESS: Cumberland, Md

Within corporate limits

1131

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 23 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 Independence Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 121 Independence Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Michael (Last) Monahan

4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar 29 1891

9. AGE last birthday: 59 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Cumb & Allegany Gas Co.

11. BIRTHPLACE (State or foreign country): Midland Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Monahan

14. MOTHER'S MAIDEN NAME: Elizabeth Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214 05 7839

17. INFORMANT AND ADDRESS: Mrs Helen Monahan, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval Between Onset and Death: —

153x
462
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of ascending colon — —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of right colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify (ha(I attended the deceased from 9/15, 1949, to 2/20, 1951, that I last saw the deceased alive on 2/20, 1951 and that death occurred at 8A m., from the causes and on the date stated above.

SIGNATURE John N. Rogers M.D. (Degree or title) ADDRESS Cumberland Md DATE SIGNED 2/20/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 23 1951 — NAME OF CEMETERY OR CREMATORY: St Peter & Paul Cemetery — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG. Feb 22, 1951 — REGISTRAR'S SIGNATURE Walter K. Mantz, M.D.

24. FUNERAL DIRECTOR: William H. Kight, Cumberland, Md. — ADDRESS

490588

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1132

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (In this place) about 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Cherry Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 2 Cherry Place

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) (Last) Moore

4. DATE OF DEATH: (Month) Feb. (Day) about 6 (Year) 1951

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: about 80 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Cumberland Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkoown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS: Mr Brooke Whiting, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 **Immediate cause** (a) Generalized arteriosclerosis — 2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
97 (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Found dead in bed, had been dead about two days.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H.V. Deming M.D. H. V. Deming M.D. Cumberland, Md. Feb. 8-1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 2/14/51 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) Cumberland — (State) Md

DATE REC'D BY LOCAL REG. Feb. 14, 1951 — REGISTRAR'S SIGNATURE Walter L. Mantz, M.D. — 24. FUNERAL DIRECTOR Louis Stein, Inc — ADDRESS Cumberland Md

720826

VS. A15A

Within corrected time limit

Evidence for addition of 21 shown on:

FILM No. G 151 APR 2 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1133

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: W. Va.; COUNTY: Morgan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; LENGTH OF STAY (In this place): 38 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Paw Paw; Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
RUTH	OLLIE B.	MORGRET	Feb. 16, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Widow	Aug. 7, 1873	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Slanesville, W. Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert McDonald	Mollie Oates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		None	Edgar Whittacre, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Toxemia due to	38 days
916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 180	(b) 1st, 2nd & 3rd Degree burns of back	
	(c) also had arteriosclerosis	???
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home	(CITY OR TOWN): Paw Paw	(COUNTY): W. Va.	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
12/9/50 -- m.		Washing clothes, backed against stove, dress caught fire (4/2/51 aka)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. V. Deming, M. D. H. V. Deming M. D.	Cumberland, Md.	2/16/1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 18, 1951	Mt. Union Cemetery	Hampshire Co. W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 16, 1951	Walter K. Hantz, M.D.	W. D. Parks, Paw Paw, W. Va.	

VS. A15A


RECEIVED
FEB 20 1951
BUREAU V. S

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1134

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland
STREET ADDRESS (If rural, give location) R. D. #5 Potomac Park

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) WILLIAM (Last) NORRIS

4. DATE OF DEATH (Month) Feb. (Day) 25, (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 26, 1886

9. AGE last birthday 64 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed

10b. KIND OF BUSINESS OR INDUSTRY Formerly So. Cumb. Planning Mill

11. BIRTHPLACE (State or foreign country) Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME John Norris

14. MOTHER'S MAIDEN NAME Esther Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY No. 215-20-6311

17. INFORMANT AND ADDRESS Lester Norris Potomac Park, Cumb.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute coronary occlusion	1 day
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterial hypertension	2 yrs
	(c) diabetes	2 yrs

260x
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1946, to 2-25, 1957, that I last saw the deceased alive on 2-24, 1951, and that death occurred at 2 45 P M from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M D 57 Decatur St. 2-27-57

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Feb. 28, 1951 | NAME OF CEMETERY OR CREMATORY Rose Hill Cem. | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Feb. 28, 1951 | REGISTRAR'S SIGNATURE Walter R. Lantz, M.D. | 24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

WW 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1135

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport; LENGTH OF STAY (In this place): 57 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 410 Vine St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport; STREET ADDRESS (If rural, give location): 410 Vine St

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) Ethel (Last) Ordner

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Sept 23, 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William J. Hanlin

14. MOTHER'S MAIDEN NAME: Mary Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Marshall Ordner, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Failure	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Cardiac Degeneration	3 yrs
422.1 93d	(c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming H.V. Deming M.D. M.D. Cumberland, Maryland Feb 10, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb 12, 1951 | NAME OF CEMETERY OR CREMATORY: Philos Cemetery | LOCATION (City, town, or county) (State): Westernport, Md

DATE REC'D BY LOCAL REG.: Feb 12, 1951 | REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly | 24. FUNERAL DIRECTOR ADDRESS: E. S. Boal, Westernport, Maryland

Within corporate limits W. F. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1136

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD. — LENGTH OF STAY (in this place) 22 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 400 WASHINGTON ST.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	IDA	L	PHOEBUS	FEB.	8	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	SEPT 16 1870	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurse	Home	Baltimore Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE PEDDICORD	HELEN HAYMOND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.		None	MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x
B1a

Immediate cause (a) Hypertensive Cardio

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic renal disease ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

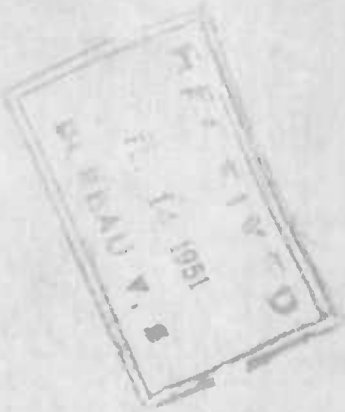
22. I hereby certify that I attended the deceased from 1-17-, 1951, to 2-8-, 1951, that I last saw the deceased alive on 2/8, 1951, and that death occurred at 2:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. F. Williams M.D.	Cumberland	2-9-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 10 51	Our Cathedral Cem	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 9, 1951	Wintes K. Dantz, M.D.	Louis Stein Inc	Cumberland

VS. A15



Within corporate limits

DR. HODGES

1137

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNSYLVANIA — COUNTY BEDFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYNDMAN
STREET ADDRESS (If rural, give location) R.F.D. # 1

3. NAME OF DECEASED (Type or Print): (First) HAZEL (Middle) R. (Last) PORTER
4. DATE OF DEATH: (Month) FEBRUARY (Day) 19 (Year) 19 51

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUGUST 23 1908
9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Con None
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PETER GARLOCK
14. MOTHER'S MAIDEN NAME: ELIZABETH DITMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

171x Immediate cause (a) Carcinoma Cervix — 5 yrs.

48a Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pelvic metastasis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
W. Roper Hodges. M.D. Cumberland, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/22/51 — NAME OF CEMETERY OR CREMATORY: Temple Cemetery — LOCATION (City, town, or county) (State): Somerset County Penna.

DATE REC'D BY LOCAL REG.: Feb. 22. 1951 — REGISTRAR'S SIGNATURE: Walter R. Dantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Louis Stein, Inc. Cumberland, Md.

VS-A15


RECEIVED
FEB 27 1951
BUREAU 7.8

DR. TOPPER

Forge

1138

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELLERSLIE
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) R. (Last) POWELL

4. DATE OF DEATH: (Month) FEB. (Day) 15, (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 10, 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER - Refrigeration Dept

10b. KIND OF BUSINESS OR INDUSTRY: CELANESE

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT POWELL

14. MOTHER'S MAIDEN NAME: ELIZABETH GORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-20-6720

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Arteriosclerotic Cardio-Vascular Disease — 10 yrs.

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1947, to 2/15, 1951, that I last saw the deceased alive on 2/15/51, 19..., and that death occurred at 12:40A m., from the causes and on the date stated above.

SIGNATURE: John A Topper (Degree or title) ADDRESS: Hyndman Pa DATE SIGNED: 2/15/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-17-51

NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Feb. 17, 1951

REGISTRAR'S SIGNATURE: Walter L. Hantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George - Cumbo ADDRESS: Md.

690466

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1139

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport | LENGTH OF STAY (in this place) 7 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 Hammond St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va. COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Garden
STREET ADDRESS (If rural, give location) Number Six

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Barton (Last) Ravenscroft
4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	March 3, 1858	92 yrs.	11	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines
11. BIRTHPLACE (State or foreign country): Hartmonsville, W.Va.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry Ravenscroft.
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS: Mrs. Elsie Howe, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis and Myocardial Degeneration Not Specified as rheumatic	2 Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	10 Years
	(c)	

422.1
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 1948, to Feb. 11, 1951, that I last saw the deceased alive on Feb. 10, 1951, and that death occurred at 6P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul A. Wilson	M.D.	Piedmont, W.Va.	Feb. 12, 1951

23. BURIAL, CREMATION or REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/14/51	Nethken Hill Cemetery	Elk Garden, W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 13, 1951	Mrs Jean C. Kelly	Otha F. Sharpless,	Blaine, W.Va.

650216

VS. A15


RECEIVED
FEB 15 1951
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1140

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 308 Spruce Street.	STREET ADDRESS (If rural, give location): 308 Spruce Street.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William Cambridge Ravenscroft	Feb. 27, 1951. 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours. Min.
Male	White	Married	Dec. 3, 1877.	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired. Painter.	B. & O. Railroad Co.	Westernport, Maryland.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Ravenscroft	Margaret Biggs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	705-14-2373.	Mrs. William C. Ravenscroft.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis	10 mo.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - Hypertension	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr. 1, 1950, to Feb. 27, 1951, that I last saw the deceased alive on Feb 27, 1951, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
F. E. Berry	M.D.	Piedmont W.Va	2/28/51

23. BURIAL, CREMATION / REMOVAL (Specify) DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial Mar. 2, 1951.	Philos Cemetery	Westernport, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 1, 1951	Mrs Jon C Kelly	W. Harold Tedlock	Piedmont, W. Va.

564506

1141

Within corporate limits

Durrett

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 236 Wms St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Allegany.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 236 Wms St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Elisson (Last) Rexrood

4. DATE OF DEATH: (Month) Feb (Day) 13 (Year) 1951

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan 15 1873

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Kelly Ins Worker - Kelly Ins Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Orleans Crossroads W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Solomon Rexrode

14. MOTHER'S MAIDEN NAME: Mary Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Lottie Rollins, 236 Williams St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 4 mo

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1950, to Feb 13, 1951, that I last saw the deceased alive on Feb 13, 1951, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE: Clay L Summers (Degree or title) M.D. ADDRESS: Cumberland DATE SIGNED: 2/15/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 16, 1951 — NAME OF CEMETERY OR CREMATORY: Camp Hill Cemetery — LOCATION (City, town, or county) (State): Paw Paw W. Va

DATE REC'D BY LOCAL REG.: Feb. 16, 1951 — REGISTRAR'S SIGNATURE: Vernes K. Hantz M.D.

24. FUNERAL DIRECTOR: John J. Hales — ADDRESS: Cumberland Md

690478

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Burnett

Within corporate limits

DR. VAN ORMER

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1142

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS. A15

1. PLACE OF DEATH
COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 2 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FLINTSTONE
STREET ADDRESS (If rural, give location) NONE

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) O. (Last) ROBINETTE

4. DATE OF DEATH: (Month) FEBRUARY (Day) 5 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: OCTOBER 12, 1869

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT-Grocery

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: JEREMIAH ROBINETTE

14. MOTHER'S MAIDEN NAME: CATHERINE ROLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, MEMORIAL AVE., CITY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary occlusion — 48 hours

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Feb 1951, 19..., to 5 Feb., 1951, that I last saw the deceased alive on 5 Feb., 1951, and that death occurred at 4:28 P m., from the causes and on the date stated above.

SIGNATURE: W. Alfred Van Ormer (Degree or title)

ADDRESS: Cumberland, Md.

DATE SIGNED: 6 Feb. 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Feb 8, 1951

NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery

LOCATION (City, town, or county): near Flintstone

(State): Md.

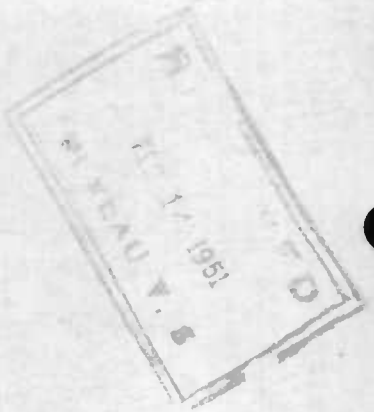
DATE REC'D BY LOCAL REG.: Feb. 7, 1951

REGISTRAR'S SIGNATURE: Walter L. Fantz, M.D.

24. FUNERAL DIRECTOR: John J. Hafer

ADDRESS: Cumberland, Md.

290636



Within corporate limits

DR. W.F.WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1143

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (In this place) 17 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRIENDSVILLE
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) J. (Last) ROSE
4. DATE OF DEATH: (Month) FEBRURRY (Day) 18 (Year) 1951
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 16, 1902
9. AGE last birthday: ~~85~~ 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Steel Plant
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: RUSSELL E. ROSE
14. MOTHER'S MAIDEN NAME: ELIA KENNEDY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 174-05-9549
17. INFORMANT AND ADDRESS: MRMORIAL HOSPITAL, MEMORIAL AVE.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Embolism

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

412x
131a

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29, 1949 to 2-18, 1951, that I last saw the deceased alive on 2-18, 1951, and that death occurred at 7:39 P m., from the causes and on the date stated above.

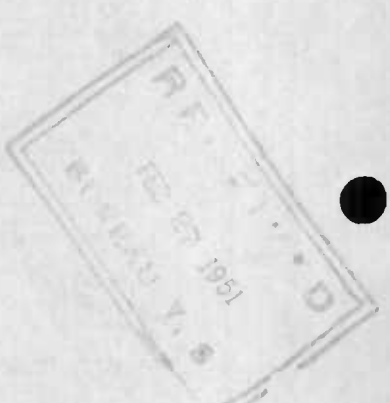
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. F. Williams M.D. Cumberland 2/19/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Feb. 21, 1951 — NAME OF CEMETERY OR CREMATORY Addison Cemetery — LOCATION (City, town, or county) (State) Addison, Pennsylvania

DATE REC'D BY LOCAL REG. Feb. 19, 1951 — REGISTRAR'S SIGNATURE Winter R. Frantz, M.D. — 24. FUNERAL DIRECTOR — ADDRESS Emroy Bolden Oakland md

970346


RECEIVED
SEP 1951

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1144 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 4 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland Md; STREET ADDRESS (If rural, give location) 22 Virginia Ave

3. NAME OF DECEASED (Type or Print): (First) Ruth; (Middle) L.; (Last) Rosman

4. DATE OF DEATH: (Month) 2; (Day) 9; (Year) 51 19

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/24/1890

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Solomon F. Rice

14. MOTHER'S MAIDEN NAME: Margaret E. Flenk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or date of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Frank Rosman 22 Va Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 3 hrs.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93a

(b) Myocarditis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 19 51, to Feb. 9, 19 51, that I last saw the deceased alive on Feb. 9, 19 51, and that death occurred at 5:10 p. m., from the causes and on the date stated above.

SIGNATURE: Clyde Lewis (Degree or title) M.D. ADDRESS: Cumberland. DATE SIGNED: 2/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2/12/51

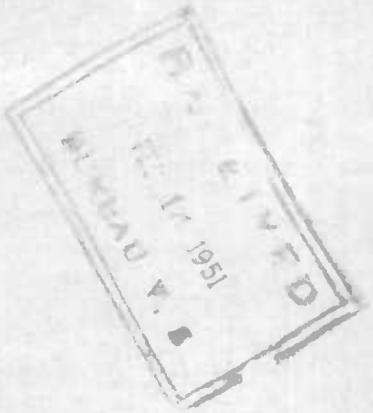
NAME OF CEMETERY OR CREMATORY: Lincoln Cem.

LOCATION (City, town, or county) (State): Chambersburg Pa.

DATE REC'D BY LOCAL REG.: Feb. 9, 1951

REGISTRAR'S SIGNATURE: Walter L. Frantz, M.D.

24. FUNERAL DIRECTOR: James F. Scarfell ADDRESS: Cumberland Md


RECEIVED
FEB 14 1951
MIKHAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1145

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BARTON
LENGTH OF STAY (in this place): 41 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: BARTON

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BARTON
STREET ADDRESS: BARTON (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BARBARA (Middle) SWAN (Last) RUSSELL

4. DATE OF DEATH: (Month) FEB. (Day) 20 (Year) 19 51

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MAR. 28, 1909

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC

10b. KIND OF BUSINESS OR INDUSTRY: House maid

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ROBERT R. RUSSELL

14. MOTHER'S MAIDEN NAME: ALICE B. SOLLICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wm. RUSSELL *** WESTERNPORT, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Lobar Pneumonia	2 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Secondary Anemia	2 Years
490 R 108	(c) Gastric Ulcer with Hemorrhage	3 Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1950, to Feb 20, 1951, that I last saw the deceased alive on Feb. 20, 1951, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE: Paul B Wilson (Degree or title) M.D. ADDRESS: Piedmont W. Va. DATE SIGNED: Feb 23, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Feb. 23, 1951
NAME OF CEMETERY OR CREMATORY: LAUREL HILL CEM.
LOCATION (City, town, or county) (State): MOSCOW Maryland

DATE REC'D BY LOCAL REG.: Feb 23, 1951
REGISTRAR'S SIGNATURE: Mrs Jos C. Kelly

24. FUNERAL DIRECTOR: E.S. Boal ADDRESS: 111 Church St. Westernport, Maryland

72082 6


RECEIVED
FEB 26 1951
BUREAU OF

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1146

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 9 Offutt St.

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) Raymond (Last) Sharon
4. DATE OF DEATH: (Month) Feb. (Day) 22, (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower
8. DATE OF BIRTH: 11-18-1906
9. AGE last birthday: 44 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrican
10b. KIND OF BUSINESS OR INDUSTRY: B&O R.R. Co.
11. BIRTHPLACE (State or foreign country): Little Orleans, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Sharon
14. MOTHER'S MAIDEN NAME: Emma Allabaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Lester Sharon Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Myocardeal Failure	3 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Uremia	12 mos
(c)	Malignant Hypertension	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 28, 1950, to 2/22, 1951, that I last saw the deceased alive on 2/21, 1951, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harold G Freeman MD 59 Greene St Cumberland 2/24/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2-25-1951
NAME OF CEMETERY OR CREMATORY: Great Cacapon Cem
LOCATION (City, town, or county) (State): Great Cacapon, W. Va.

DATE REC'D BY LOCAL REG.: Feb 24, 1951
REGISTRAR'S SIGNATURE: Winter K. Stantz, M.D.
24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

515506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1148

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN County road-¼mi. so. of Lonaconing, Md.; LENGTH OF STAY (In this place) 8yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY ALLEGANY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN County Road-¼mi. so. of Lonaconing, Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) EDWARD (Last) SHUMAKER

4. DATE OF DEATH: (Month) FEB. (Day) 1 (Year) 19 51

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER

8. DATE OF BIRTH: JAN. 30, 1868

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter

10b. KIND OF BUSINESS OR INDUSTRY: lumber mill

11. BIRTHPLACE (State or foreign country): W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: THRONTON SHUMAKER

14. MOTHER'S MAIDEN NAME: SARAH ARNOLD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-18-1309

17. INFORMANT AND ADDRESS: NELLIE PATTISON***** DETMOLD STRAIGHT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	1 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Decubitus	2 wks
422.1 93d	(c) Arterio-Sclerosis	1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Cataracts

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to Feb 1, 1951, that I last saw the deceased alive on Jan 29, 1951, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Norman Reaves M.D. ADDRESS Westernport Md DATE SIGNED 2/3/51

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL; DATE THEREOF FEB. 4, 1951; NAME OF CEMETERY OR CREMATORY BEAVER RUN CEM.; LOCATION (City, town, or county) 3Mi. EAST OF BURLINGTON (State) W.Va.

DATE REC'D BY LOCAL REG. Feb. 4, 1951; REGISTRAR'S SIGNATURE Jeannette M. Boal

24. FUNERAL DIRECTOR E.S. BOAL** ADDRESS 111 CHURCH St. WESTERNPORT, MARYLAND

510307

Dr. Davis
1148

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural, give location): 22 Uhl St.,

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) (KALLMYER) (Last) SIDES
4. DATE OF DEATH: (Month) Feb. (Day) 15, (Year) 1951

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 8-11-1871
9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Kallmyer
14. MOTHER'S MAIDEN NAME: Eliza Hasselrode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Valentine Sides, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart failure — Interval Between Onset and Death: 48 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hypertensive Cardiovascular

(c) renal Disease

442 x
131 a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to 15 Jan, 1951, that I last saw the deceased alive on 15 Jan, 1951, and that death occurred at 8 45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John B. Davis, M.D. Frostburg, Md. 2/15/51.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 2-17-1950
NAME OF CEMETERY OR CREMATORY: Zion Evan. & Ref. Cem.
LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. 2-17-51
REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe
24. FUNERAL DIRECTOR: J. R. Durst, ADDRESS: Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

1149

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (in this place) 2days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frostburg, Md. Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural, give location) 173 West Main Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Albert (Last) Skidmore

4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 21-1888

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker (employee)

10b. KIND OF BUSINESS OR INDUSTRY: Bakery

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Noah Skidmore

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-5552

17. INFORMANT AND ADDRESS: Raymond Skidmore, Frostburg, Md. I73 W. Main St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Diabetic acidosis	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Mar., 1950, to 22 Feb, 1951, that I last saw the deceased alive on 22 Feb, 1951, and that death occurred at 1 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John B. Davis, M.D. ADDRESS: Frostburg, Md. DATE SIGNED: 2/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2-25-1951 | NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery | LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG. 2-24-51 | REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe | 24. FUNERAL DIRECTOR: Jacob Hafer | ADDRESS: Frostburg, Md.

500 636

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1150

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): 70 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 26 Washington St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural, give location): 26 Washington St

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) Wallace (Last) Stewart

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 8 - 1864

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Eckhart, Md.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Edward Price

14. MOTHER'S MAIDEN NAME: Anna Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Margaret Stewart, Frostburg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture Left Femur	1 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Failure	24 hrs
	(c) Hypostatic Pneumonia	24 hrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Osteoarthritis - Generalized	YRS.

963.0
1860

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify): [redacted]

PLACE (Home, farm, factory, street, OF INJURY): (CITY OR TOWN) FROSTBURG (COUNTY) ALLEGANY (STATE) MD.

TIME OF INJURY: (Month) JAN. (Day) 14 (Year) 1951 (Hour) 4:00 p.m.

INJURY OCCURRED: While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?: Lost footing while walking and fell -

22. I hereby certify that I attended the deceased from Jan. 14, 1951, to 2/7, 1951, that I last saw the deceased alive on 2/7, 1951, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Rothstein M.D. ADDRESS: 48 Broadway Frostburg, Md. DATE SIGNED: 2/8/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2-10-1951

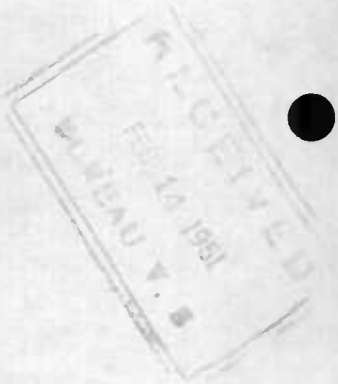
NAME OF CEMETERY OR CREMATORY: Frostburg Mem. Park

LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: 2-10-51

REGISTRAR'S SIGNATURE: Mr. Harvey N. Poe

24. FUNERAL DIRECTOR ADDRESS: Jacob Hafer, Frostburg, Md.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BUREAU

...this corporate limit.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1151

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Enroute to Allegany Hospital from home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 119 W. Oldtown Road.

3. NAME OF DECEASED (Type or Print) (First) Wm. (Middle) Taylor (Last) Stonebreaker

4. DATE OF DEATH (Month) Feb (Day) 23 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 5, 1904

9. AGE last birthday 46 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hostler

10b. KIND OF BUSINESS OR INDUSTRY B & O. Railroad

11. BIRTHPLACE (State or foreign country) Petersburg W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Isaac Stonebreaker

14. MOTHER'S MAIDEN NAME Hattie K. Kuning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-05-7589

17. INFORMANT AND ADDRESS Mrs Wm T. Stonebreaker, 119 W. Oldtown Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Hemorrhage	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary tuberculosis	1 10/10 yrs
	(c) Alcoholism, chronic	20 yrs

322.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 29, 1951, to Feb 23, 1951, that I last saw the deceased alive on Jan 29, 1951, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE Franklin G. Weisman — (Degree or title) MD — ADDRESS 59 Greene St Cumberland — DATE SIGNED 4/eg/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb 26, 1951 — NAME OF CEMETERY OR CREMATORY Mt. Hermon Cemetery — LOCATION (City, town, or county) Cumberland, — (State) Md.

DATE REC'D BY LOCAL REG. Feb. 25, 1951 — REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland Md.

690 506

VS. A15

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1152 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland
STREET ADDRESS (If rural, give location) R.D.#5 Potomac Park

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	K.	Strock	Feb. 20, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	8-12-1909	41 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Berwick, Pa.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Kovach	Mary Doda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	220-16-6929	Paul E. Strock Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592x Immediate cause (a) chronic nephritis uremia — Interval between onset and death: 6 months

131b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) /

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

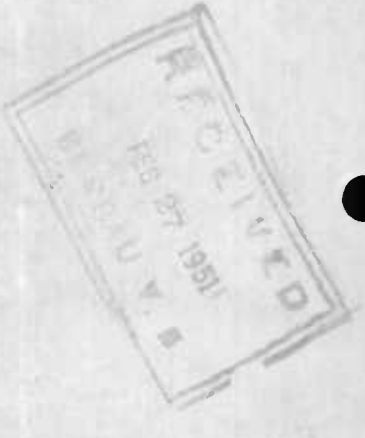
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 4, 1950, to Feb. 20, 1951, that I last saw the deceased alive on Feb. 20, 1951, and that death occurred at 0P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L Kleinz	MD	57 Queen St.	2-22-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-23-1951	HillCrest Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 23, 1951	Walter K. Kantz, M.D.	Charles L. George	Cumberland, Md.


RECEIVED
FEB 27 1951

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1153

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) Since 1910; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS [redacted] Second Street (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lucy; (Middle) Ellen; (Last) Thomas

4. DATE OF DEATH: (Month) 2; (Day) 17; (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 14 1873

9. AGE last birthday: [illegible].77 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bloomington Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel L. Purnell

14. MOTHER'S MAIDEN NAME: Elizabeth Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Allegany County Infirmary

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure — Interval Between Onset and Death: 2 hrs

429.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — 1½ yrs

94a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1946, to Feb. 17, 1951, that I last saw the deceased alive on Feb. 16, 1951, and that death occurred at 8:07 a m., from the causes and on the date stated above.

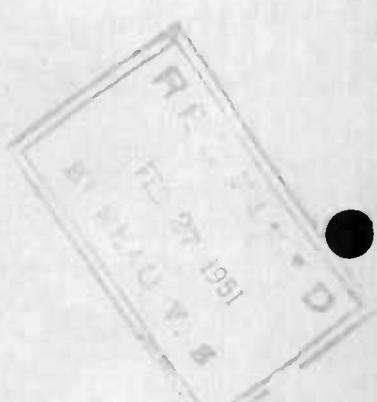
SIGNATURE: Arthur F. Jones (Degree or Title) M.D. ADDRESS 110 S. Centre St. DATE SIGNED Feb. 17, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF Feb. 20, 1951; NAME OF CEMETERY OR CREMATORY Rose Hill Cem.; LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REG. Feb. 18, 1951; REGISTRAR'S SIGNATURE Walter K. Hantz, M.D.

24. FUNERAL DIRECTOR: Louis Stein Inc. ADDRESS Cumberland Md.

VVVVV



MARYLAND STATE DEPARTMENT OF HEALTH

1154

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; MARYLAND LENGTH OF STAY 2 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Savior Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural, give location) Hope Rd.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Jordan (Last) Truby

4. DATE OF DEATH: (Month) 2 (Day) 2 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug 7 1889

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse maid

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Elk Garden W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Thompson

14. MOTHER'S MAIDEN NAME: Jenny Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Kenneth Truby Hope Road Frostburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinoma Abdominal organs — Interval between onset and death: 4 1/2 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary unknown -

1991 55a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/25/50

19b. MAJOR FINDINGS OF OPERATION: Generalized Carcinoma abd. organs with ascites

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19, 1950, to 2/2, 1951, that I last saw the deceased alive on 2/2, 1951, and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE: Hilda Swarthout, M.D. (Degree or title) ADDRESS: 48 Broadway Frostburg Md DATE SIGNED: 2/3/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-5-1951

NAME OF CEMETERY OR CREMATORY: Frostburg Mem. Cem.

LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: 2-5-51

REGISTRAR'S SIGNATURE: Mrs. Nancy A. Roe

24. FUNERAL DIRECTOR: Joseph Hafer ADDRESS: Frostburg, Md.

1155

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing | LENGTH OF STAY (In this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) Church Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Walsh
4. DATE OF DEATH: (Month) February (Day) 7 (Year) 19 51
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov 19, 1872
9. AGE last birthday: 78 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Walsh
14. MOTHER'S MAIDEN NAME: Mary Reynolds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Sister Cecelia Maria — Phila, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
93d

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular
(c) Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 49, to 2/7, 19 61, that I last saw the deceased alive on 2/6, 19 51, and that death occurred at 2 30 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul Eugene Frye M.D Lonaconing Md 2/9/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | Feb 10, 1951 | St Marys Cemetery | LOnaconing Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
Feb 10 1951 | Jeannette M Foal | M. Eichhorn | Lonaconing, Md

093888

VS. A15

19
3
57

55
2
110

45
2
90

Within corporate limits

Evidence for addition in #18 shown on:

1156

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

State No. G 1 1 MAR 1 1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland Md.
STREET ADDRESS (If rural, give location): 37 Lamont St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	A.	Walsh	2/12	51	19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
F.	W.	Widowed	June 13 1880	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Own Home	Cumberland Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward J. Harrison	Johanna O'Leary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	None	Mrs Madolin O'Brien

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure. — Interval between onset and death: Acute

630.0 Antecedent cause(s)

1351 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cervicitis - Rectocele and cystocele (3/1/51 akc)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2/6/51	Vaginal repair at time of recent uterine	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/2, 1951, to 2/12, 1951, that I last saw the deceased alive on 2/12, 1951, and that death occurred at 7 05 A m., from the causes and on the date stated above.

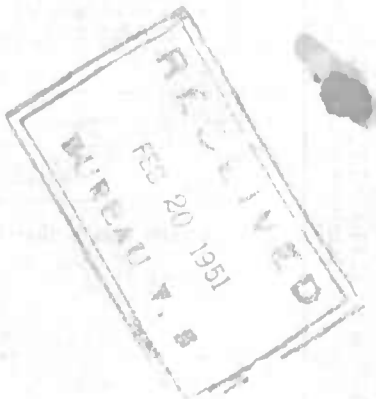
SIGNATURE (Degree or title): John K Rozzelle M.D. ADDRESS: Cumberland Md DATE SIGNED: 2/12/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/14/51	St. Patrick Cem.	Cumberland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 13, 1951	Winter R. Hantz, M.D.	James F. Scarzelli	Cumberland Md

VS. A15

Dr Rozum
Scarpelli



Dr. L. Bring

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1157

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D.#5 Potomac Park

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Cumberland
STREET ADDRESS (If rural, give location): R.D.# 5 Potomac Park

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Ann (Last) Walters

4. DATE OF DEATH: (Month) Feb. (Day) 21, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-28-1870

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Barton, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Charles O. Metz

14. MOTHER'S MAIDEN NAME: Catherine Febbie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Lester W. Norris Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) congestive heart failure — 6 months

Antecedent cause(s)

934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic heart disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or conditinn causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-, 1941, to 2-21-, 1951, that I last saw the deceased alive on 2-12-, 1951, and that death occurred at 3A m., from the causes and on the date stated above.

SIGNATURE: C.W. Bring (Degree or title) MD — ADDRESS: 57 Greene St. — DATE SIGNED: 2-22-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2-24-1951 — NAME OF CEMETERY OR CREMATORY: HillCrest Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Feb. 23, 1951 — REGISTRAR'S SIGNATURE: W.K. Frantz (Dr. Wendell K. Frantz)

24. FUNERAL DIRECTOR — ADDRESS: Charles L. George Cumberland, Md.

VS A15


RECEIVED
FEB 27 1951
BUREAU OF

DR. VAN ORMER

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1158

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 5 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 635 HENDERSON AVENUE

3. NAME OF DECEASED (Type or Print): (First) ARMOND (Middle) B. (Last) WILKINSON

4. DATE OF DEATH: (Month) FEBRUARY (Day) 9. (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: DEC. 6. 1889

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PROPRIETOR Tavern

10b. KIND OF BUSINESS OR INDUSTRY: WILKINSON REST.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH WILKINSON

14. MOTHER'S MAIDEN NAME: HATTIE RAWLINGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL -CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion (acute)	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	?
	(c) Diabetes mellitus	

260 x 61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Jan., 1951, to 9 Feb., 1951, that I last saw the deceased alive on 9 Feb. 51, 19..., and that death occurred at 4:05 A. p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. Alfred Van Ormer — ADDRESS: Cumberland, Md. — DATE SIGNED: 9 Feb 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-12-1951	Zion Memorial Cem.	Cumberland, md.

DATE REC'D BY LOCAL REG.: Feb. 11, 1951 — REGISTRAR'S SIGNATURE: Walter L. Lantz M.D.

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

290677


RECEIVED
FEB 21 1951

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1159

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allegany Grove; LENGTH OF STAY (in this place) 7 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 1 Cumberland Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allegany Grove; STREET ADDRESS (If rural, give location) Rt 1 Cumberland Md

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Adeline (Last) Willison

4. DATE OF DEATH: (Month) Feb (Day) 14 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 13 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Town Creek Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Deffenbaugh

14. MOTHER'S MAIDEN NAME: Savina Mountz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Chas A. Statler, Rt 1 Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

290.0 Immediate cause (a) Pernicious Anaemia — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

7.3a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24, 1950, to Feb 14, 1951, that I last saw the deceased alive on Feb 12, 1951, and that death occurred at 10:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

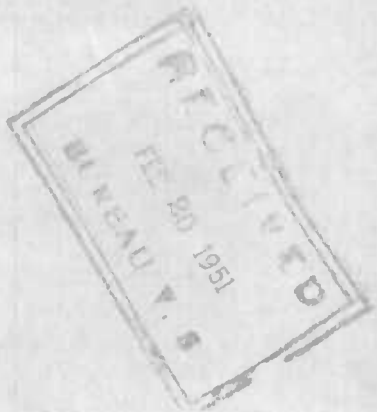
W O McCune M D Frostburg Md Feb 14 1951

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: Feb 16, 1951 — NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery — LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Feb. 16, 1951 — REGISTRAR'S SIGNATURE: Wirtes R. Bantz, M.D.

24. FUNERAL DIRECTOR: John J. Hafer — ADDRESS: Cumberland Md

VS. A15


RECEIVED
FEB 20 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1160

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Flintstone
MARYLAND
LENGTH OF STAY (in this place): 4.1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Flintstone
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Grayson	Dade	Wilson	Feb.	25	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	single	Nov. 4-1887	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
laborer also Tree trimmer		Bedford Co. Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Enos Robinette Wilson	Hannah Lashley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes W.W.I	220-10-7438	records at his home.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	?
	(c)	

420.1
94

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection* ☐, Inquiry* ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H. V. Deming M. D.	Cumberland, Md.	Feb. 26-1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 28, 1951	Mussleys Branch Cem.	Near Flintstone, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb. 27, 1951	Wiles L. Mantz, M. D.	John J. Hafer, Cumberland, Md.

970105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A